

Guardian of the Estate Annual Report

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY,
P E N N S Y L V A N I A
ORPHANS' COURT DIVISION

IN RE: _____ :
_____ : No. _____ of _____
_____ :
an Incapacitated Person :

GUARDIAN OF THE ESTATE ANNUAL REPORT

FROM _____, 20____, to _____, 20____.

1. I am the _____ Limited _____ Plenary Guardian of the Estate of my ward, named above. I was appointed Guardian by the Order of the Court dated _____, 20____, which was _____ was not _____ modified by Court Order(s) dated _____.

2. If the Incapacitated Person still living? _____

If no, answer the following:

- a. Date of Death: _____
- b. Place of Death: _____
- c. Name of Administrator or Executor: _____

- d. Date Guardian of the Estate filed the last Annual Report: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS WHETHER THE INCAPACITATED PERSON IS LIVING OR DECEASED:

3. My initial inventory was filed on _____, 20____, and listed a total estate value of \$_____. The inventory listed a total monthly income of \$_____ comprised of the following:

4. At the beginning date of this reporting period, my initial balance on hand was \$_____.

5. During this reporting period, the following reflects all sources of income (other than social security) received by me for my ward: (add additional pages, if needed)

	<u>Date Received</u>	<u>Source of Income</u>	<u>Amount</u>
(1)	_____	_____	\$ _____
(2)	_____	_____	\$ _____
(3)	_____	_____	\$ _____
(4)	_____	_____	\$ _____
(5)	_____	_____	\$ _____
(6)	_____	_____	\$ _____
	TOTAL:		\$ _____

6. During this reporting period, the following reflects all payments I have made for my ward: (add additional pages, if needed)

	<u>Date</u>	<u>To Whom Paid</u>	<u>Reason for Pmt.</u>	<u>Amount</u>
(1)	_____	_____	_____	\$ _____
(2)	_____	_____	_____	\$ _____
(3)	_____	_____	_____	\$ _____
(4)	_____	_____	_____	\$ _____
(5)	_____	_____	_____	\$ _____
(6)	_____	_____	_____	\$ _____
		TOTAL:		\$ _____

7. The present principal assets of my ward are:

	<u>Description of Asset</u>	<u>Present Value</u>
(1)	_____	\$ _____
(2)	_____	\$ _____
(3)	_____	\$ _____
(4)	_____	\$ _____
(5)	_____	\$ _____
(6)	_____	\$ _____
	TOTAL:	\$ _____

8. The present amount and sources of income for my ward are:

	<u>Sources of Income</u>	<u>Amount</u>
(1)	_____	\$ _____
(2)	_____	\$ _____
(3)	_____	\$ _____
(4)	_____	\$ _____

(5)	_____	\$ _____
(6)	_____	\$ _____
TOTAL:		\$ _____

9. The regular monthly expenses of my ward which I pay are:

	<u>To Whom Paid</u>	<u>Amount</u>
(1)	_____	\$ _____
(2)	_____	\$ _____
(3)	_____	\$ _____
(4)	_____	\$ _____
(5)	_____	\$ _____
(6)	_____	\$ _____
TOTAL:		\$ _____

10. I have/have not (circle one) petitioned the Court for permission to invade principal to meet the needs of my ward.

(If applicable) The following expenses of my ward have not been paid from principal:

	<u>To Whom Paid</u>	<u>Purpose</u>	<u>Amount</u>
(1)	_____	_____	\$ _____
(2)	_____	_____	\$ _____
(3)	_____	_____	\$ _____
(4)	_____	_____	\$ _____
(5)	_____	_____	\$ _____
(6)	_____	_____	\$ _____
TOTAL:			\$ _____

11. I have/have not (circle one) paid myself compensation for services I rendered as guardian.

The amount I paid myself totaled \$_____ and was calculated at the following rate: \$_____ per week/month (circle one).

12. Circle the correct response and complete, if applicable.

There will be no need for extraordinary expenditures on behalf of my ward in the next twelve (12) months.

There will be a need for extraordinary expenditures on behalf of my ward in the next twelve (12) months because:

_____.

13. Circle the correct response and complete, if appropriate.

- a. My ward receives monthly social security benefits.
- b. I am the designated payee to receive my ward's social security benefits.
- c. The designated payee of my ward's social security benefits is:

_____, whose address is

_____.

and is/is not (circle one) related to my ward as _____

_____ (insert relationship).

14. Please note any concerns about the Incapacitated Person's physical or mental well being or the finances that the Court should know.

_____.

15. I am _____/am not _____ Guardian of the Incapacitated Person's person.
If yes, my report is attached.

I certify under penalties of perjury that the information contained in this report is true and correct to the best of my knowledge, information and belief.

Date: _____

Signature of Guardian of the Estate

Name: _____

Address: _____

Phone: Home - _____

Work - _____
